Company Tracking Number: PPAC-END

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other

Product Name: PPAC Endorsement - Major Medical

Project Name/Number: Grandfathered Immed Mkt Reforms /PPAC Endorsement- Grandfathered Immed Mkt Reforms

Filing at a Glance

Company: United Teacher Associates Insurance Company

Product Name: PPAC Endorsement - Major SERFF Tr Num: UTAC-126786589 State: Arkansas

Medical

Filing Type: Form

TOI: H16I Individual Health - Major Medical SERFF Status: Closed-Approved- State Tr Num: 46657

Closed

Sub-TOI: H16I.005C Individual - Other Co Tr Num: PPAC-END State Status: Approved-Closed

Reviewer(s): Rosalind Minor

Authors: Jackie Cunningham, Disposition Date: 09/02/2010
Alycia Sumbera, Joyce Kostakis,

Melissa Garza, Melissa MacLaurin

Date Submitted: 08/31/2010 Disposition Status: Approved-

Closed

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: Grandfathered Immed Mkt Reforms Status of Filing in Domicile: Pending

Project Number: PPAC Endorsement- Grandfathered Immed Mkt Date Approved in Domicile:

Reforms

Requested Filing Mode: Review & Approval Domicile Status Comments: Filing Pending in

State of Domicle.

Group Market Type:

Explanation for Combination/Other:

Submission Type: New Submission

Market Type: Individual

Group Market Size:

Overall Rate Impact:

Filing Status Changed: 09/02/2010 Explanation for Other Group Market Type:

State Status Changed: 09/02/2010

Deemer Date: Created By: Joyce Kostakis

Submitted By: Jackie Cunningham Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

Filing Description:

PPAC Endorsement Filing - Active Policy Forms

The endorsement is submitted to comply with the immediate market reform requirements of the Patient Protection and

Company Tracking Number: PPAC-END

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other

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Affordable Care Act (PPACA). The endorsement will attach to grandfathered Individual Major Medical Policies approved in your state and described below. The endorsement includes the requirements for grandfathered coverage.

Policy Form L160-030 - 1 policyholder

Save Apply Cancel

Company and Contact

Filing Contact Information

Jackie Cunningham, Compliance Analyst jcunningham@gafri.com 11200 Lakeline Boulevard, Suite 100 816-246-6202 [Phone] P. O. Box 26580 512-451-0357 [FAX]

Austin, TX 78755-0580

Filing Company Information

United Teacher Associates Insurance Company CoCode: 63479 State of Domicile: Texas
11200 Lakeline Blvd., Suite 100 Group Code: 84 Company Type: Insurance

Company

P.O. Box 26580 Group Name: State ID Number:

Austin, TX 78755-0580 FEIN Number: 58-0869673

(800) 880-8824 ext. [Phone]

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation:

Per Company: No

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

United Teacher Associates Insurance Company \$50.00 08/31/2010 39129556

Company Tracking Number: PPAC-END

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: PPAC Endorsement - Major Medical

Project Name/Number: Grandfathered Immed Mkt Reforms /PPAC Endorsement- Grandfathered Immed Mkt Reforms

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved- Closed	Rosalind Minor	09/02/2010	09/02/2010

Company Tracking Number: PPAC-END

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other

Product Name: PPAC Endorsement - Major Medical

Project Name/Number: Grandfathered Immed Mkt Reforms /PPAC Endorsement- Grandfathered Immed Mkt Reforms

Disposition

Disposition Date: 09/02/2010

Implementation Date: Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: PPAC-END

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: PPAC Endorsement - Major Medical

Project Name/Number: Grandfathered Immed Mkt Reforms /PPAC Endorsement- Grandfathered Immed Mkt Reforms

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	Yes
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	PPAC Grandfathered Individual Policy	Approved-Closed	Yes
	Rider		

Company Tracking Number: PPAC-END

TOI: H16I Individual Health - Major Medical Sub-TOI: H16I.005C Individual - Other

Product Name: PPAC Endorsement - Major Medical

Project Name/Number: Grandfathered Immed Mkt Reforms /PPAC Endorsement- Grandfathered Immed Mkt Reforms

Form Schedule

Lead Form Number: PPAC-END-GN

Schedule	Form	Form Type	Form Name	Action	Action Specific	Readability	Attachment
Item	Number				Data		
Status							
Approved-	PPAC-	Policy/Conf	t PPAC Grandfathered	dInitial		0.000	PPAC
Closed	END-GN	ract/Fraterr	n Individual Policy				Endorsement-
09/02/2010)	al	Rider				GN.pdf
		Certificate:					
		Amendmer	า				
		t, Insert					
		Page,					
		Endorseme	9				
		nt or Rider					

United Teacher Associates Insurance Company PATIENT PROTECTION AND AFFORDABLE CARE ACT Grandfathered Individual Policy Rider

The Policy, to which this rider is attached and becomes a part, is amended as stated below.

A new section titled "Patient Protection and Affordable Care Act" is hereby added to the Policy as follows:

PATIENT PROTECTION AND AFFORDABLE CARE ACT

Effective September 23, 2010 some of the benefits, terms, conditions, limitations, and exclusions contained in Your Policy will change as a result of the Patient Protection and Affordable Care Act of 2010. Notwithstanding any other provision of Your Policy, the provisions below shall apply. In the event of a conflict between the provisions of any other Section of Your Policy and the provisions of this Rider, the provisions of this Rider shall prevail.

Definitions

The following definitions have the following meanings in this amendment rider:

"Essential health benefits" has the meaning found in section 1302(b) of the Patient Protection and Affordable Care Act and as further defined by the Secretary of the United States Department of Health and Human Services and includes ambulatory patient services; emergency services; hospitalization; maternity and newborn care; mental health and substance use disorder services, including behavioral health treatment; prescription drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

"Policy year" means the 12-month period that is designated as the policy year in the contract. If there is no designation of a policy year in the contract, then the policy year is the deductible or limit year used under the contract. If deductibles or other limits are not imposed on a yearly basis under the contract, the policy year is the calendar year.

Lifetime Dollar Limits

Any lifetime dollar limit on any essential health benefits in the contract is deleted. The contract is amended to provide that if an individual's coverage under the contract had terminated due to reaching a lifetime dollar limit, the individual may enroll during the first 30 days of a policy year that begins on or after September 23, 2010, and coverage will begin on the first day of the policy year that begins on or after September 23, 2010.

Rescissions

Any provision of the contract that describes the right of United Teacher Associates Insurance Company to rescind or void the contract is amended to permit United Teacher Associates Insurance Company to rescind or void the coverage of an individual only if (1) the individual performs an act, practice, or omission that constitutes fraud; or (2) the individual makes an intentional misrepresentation of material fact. Any provision of the contract that describes notice of rescission of coverage and that provides less than 30-days advance written notice of rescission is amended to provide 30-days advance written notice of any rescission of coverage.

Extension of Coverage to Dependents

Bully Hill J.

Notwithstanding the eligibility requirements described in Your Policy, a child in Your family is eligible to become a Covered Person if the child: 1) is under age 26, and 2) is related to You by one of the relationships listed in definition section of Your Policy, except that a child's marital status will not be considered in determining eligibility for initial or continued coverage.

This amendment rider shall be effective September 23, 2010.

. President

PPAC-END-GN 07/10

Company Tracking Number: PPAC-END

TOI: H161 Individual Health - Major Medical Sub-TOI: H161.005C Individual - Other

Product Name: PPAC Endorsement - Major Medical

Project Name/Number: Grandfathered Immed Mkt Reforms /PPAC Endorsement- Grandfathered Immed Mkt Reforms

Supporting Document Schedules

Item Status: Status

Date:

Bypassed - Item: Flesch Certification Approved-Closed 09/02/2010

Bypass Reason: N/A - The endorsement is submitted to comply with the immediate market reform requirements

of the Patient Protection and Affordable Care Act (PPACA).

Comments:

Item Status: Status

Date:

Bypassed - Item: Application Approved-Closed 09/02/2010

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Bypassed - Item: Health - Actuarial Justification Approved-Closed 09/02/2010

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Bypassed - Item: Outline of Coverage Approved-Closed 09/02/2010

Bypass Reason: N/A

Comments:

Item Status: Status

Date:

Satisfied - Item: PPACA Uniform Compliance Approved-Closed 09/02/2010

Summary

Comments:

Attachment:

Compliance Certification-AR.pdf

Please select the appropriate check box below to indicate which product is amended by this filing.

☐ INDIVIDUAL HEALTH BENEFIT PLANS (Complete <u>SECTION A</u> only)

☐ SMALL / LARGE GROUP HEALTH BENEFIT PLANS (Complete <u>SECTION B</u> only)						
This form filing compliance summary is to be submitted with your [endorsement][contract] to comply with the immediate market reform requirements of the Patient Protection and Affordable Care Act (PPACA). These PPACA requirements apply only to policies for health insurance coverage referred to as "major medical" in the statute, which is comprehensive health coverage that includes PPO and HMO coverage. This form includes the requirements for grandfathered (coverage in effect prior to March 23, 2010) and non-grandfathered plans, and relevant statutes. Refer to the relevant statute to ensure compliance. Complete each item to confirm that diligent consideration has been given to each. (<i>If submitting your filings electronically, bookmark the provision(s) in the form(s) that satisfy the requirement and identify the page/paragraph on this form.</i>)						
*For all filings, include the	Гуре of Insurance (TOI) in	the first column.				
Check box if this is a paper f	ĭling.					
COMPANY INFORMATION						
Company Name	NAIC Number	SERFF Tracking Number(s) *if applicable	Form Number(s) of Policy being endorsed	Rate Impact		
				☐ Yes ☐ No		

	SECTION A – Individual Health Benefit Plans				
TOI	Category	Statute Section	Grandfathered	Non- Grandfathered	
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	[Sections 2704 and 1255 of the PHSA/Section 1201 of the PPACA]	N/A	Yes No If no , please explain.	
	Explanation:				
	Page Number:				
	Eliminate Annual Dollar Limits on Essential Benefits Except allows for "restricted" annual dollar limits for essential benefits for plan years prior to January 1, 2014.	[Section 2711 of the PHSA/Section 1001 of the PPACA]	N/A	Yes No If no , please explain.	
	Explanation:	,			
	Page Number:				
	Eliminate Lifetime Dollar Limits on Essential Benefits	[Section 2711 of the PHSA/Section 1001 of the PPACA]	☐ Yes ☐ No If no, please explain.	Yes No If no, please explain.	
	Explanation:				
	Page Number:				
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	[Section 2712 of the PHSA/Section 1001 of PPACA]	☐ Yes ☐ No If no, please explain.	☐ Yes ☐ No If no, please explain	
	Explanation:				
	Page Number:				

	SECTION A – Individual Health Benefit Plans				
TOI	Category	Statute Section	Grandfathered	Non- Grandfathered	
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services. Explanation: Page Number:	[Section 2713 of the PHSA/Section 1001 of the PPACA]	N/A	☐ Yes ☐ No If no , please explain.	
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. Explanation: Page Number:	[Section 2714 of the PHSA/Section 1001 of the PPACA]	☐ Yes ☐ No If no , please explain.	☐ Yes ☐ No If no, please explain.	
	Appeals Process – Requires establishment of an internal claims appeal process and external review process. Explanation: Page Number:	[Section 2719 of the PHSA/Section 1001 of the PPACA]	N/A	☐ Yes ☐ No If no, please explain.	
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level. Explanation: Page Number:	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	☐ Yes ☐ No If no, please explain.	

	SECTION A – Indi			
TOI	Category	Statute Section	Grandfathered	Non- Grandfathered
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	☐ Yes ☐ No If no , please explain.
	Explanation: Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	Yes No If no , please explain.
	Explanation: Page Number:			

SECTION B – Group Health Benefit Plans (Small and Large)				
TOI	Category	Statute Section	Grandfathered	Non- Grandfathered
	Eliminate Pre-existing Condition Exclusions for Enrollees Under Age 19	[Sections 2704 of the PHSA/Section 1201 of the PPACA]	Yes No If no , please explain.	Yes No If no, please explain.
	Explanation:			
	Page Number:			
	Eliminate Annual Dollar Limits on Essential Benefits – Except allows for "restricted" annual dollar limits for essential benefits for plan years prior to January 1, 2014.	[Section 2711 of the PHSA/Section 1001 of the PPACA]	☐ Yes ☐ No If no , please explain.	Yes No If no , please explain.
	Explanation:			
	Page Number:			
	Eliminate Lifetime Dollar Limits on Essential Benefits	[Section 2711 of the PHSA/Section 1001 of the PPACA]	☐ Yes ☐ No If no, please explain.	Yes No If no, please explain.
	Explanation:			
	Page Number:			
	Prohibit Rescissions – Except for fraud or intentional misrepresentation of material fact.	[Section 2712 of the PHSA/Section 1001 of PPACA]	☐ Yes ☐ No If no, please explain.	Yes No If no, please explain.
	Explanation:			
	Page Number:			

	SECTION B – Group Heal	arge)		
TOI	Category	Statute Section	Grandfathered	Non- Grandfathered
	Preventive Services – Requires coverage and prohibits the imposition of cost-sharing for specified preventative services	[Section 2713 of the PHSA/Section 1001 of the PPACA]	N/A	Yes No If no, please explain.
	Explanation:			
	Page Number:			
	Extends Dependent Coverage for Children Until age 26 – If a policy offers dependent coverage, it must include dependent coverage until age 26. ◊	[Section 2714 of the PHSA/Section 1001 of the PPACA]	Yes [⋄] No If no , please explain.	Yes No If no, please explain.
	Explanation:			
	Page Number:			
	Appeals Process – Requires establishment of an internal claims appeal process and external review process.	[Section 2719 of the PHSA/Section 1001 of the PPACA]	N/A	Yes No If no, please explain.
	Explanation:			
	Page Number:			

[♦] For plan years beginning before January 1, 2014, grandfathered group plans are not required to extend coverage to a child until the age of 26 if such child is eligible to enroll in another employee-sponsored plan

	SECTION B – Group Hea	lth Benefit Plans (Small and La	rge)	
TOI	Category	Statute Section	Grandfathered	Non- Grandfathered
	Emergency Services – Requires plans that cover emergency services to provide such coverage without the need for prior authorization, regardless of the participating status of the provider, and at the in-network cost-sharing level.	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	Yes No If no , please explain.
	Explanation:			
	Page Number:			
	Access to Pediatricians – Mandates that if designation of a PCP for a child is required, the person be permitted to designate a physician who specialized in pediatrics as the child's PCP if the provider is in-network.	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	☐ Yes ☐ No If no , please explain.
	Explanation:			
	Page Number:			
	Access to OB/GYNs – Prohibits authorization or referral requirements for obstetrical or gynecological care provided by in-network providers who specialize in obstetrics or gynecology.	[Section 2719A of the PHSA/Section 10101 of the PPACA]	N/A	☐ Yes ☐ No If no, please explain.
	Explanation:			
	Page Number:			